

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		1						
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21		2						
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99								
100								
TOTAL IND.	8	↓		↓		↓		
TOTAL DEP.	24	←		←		←		
TOTAL CLAIMS	32							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS